

Name
in
Full

Fannie K. Brown

CERTIFICATE OF DEATH

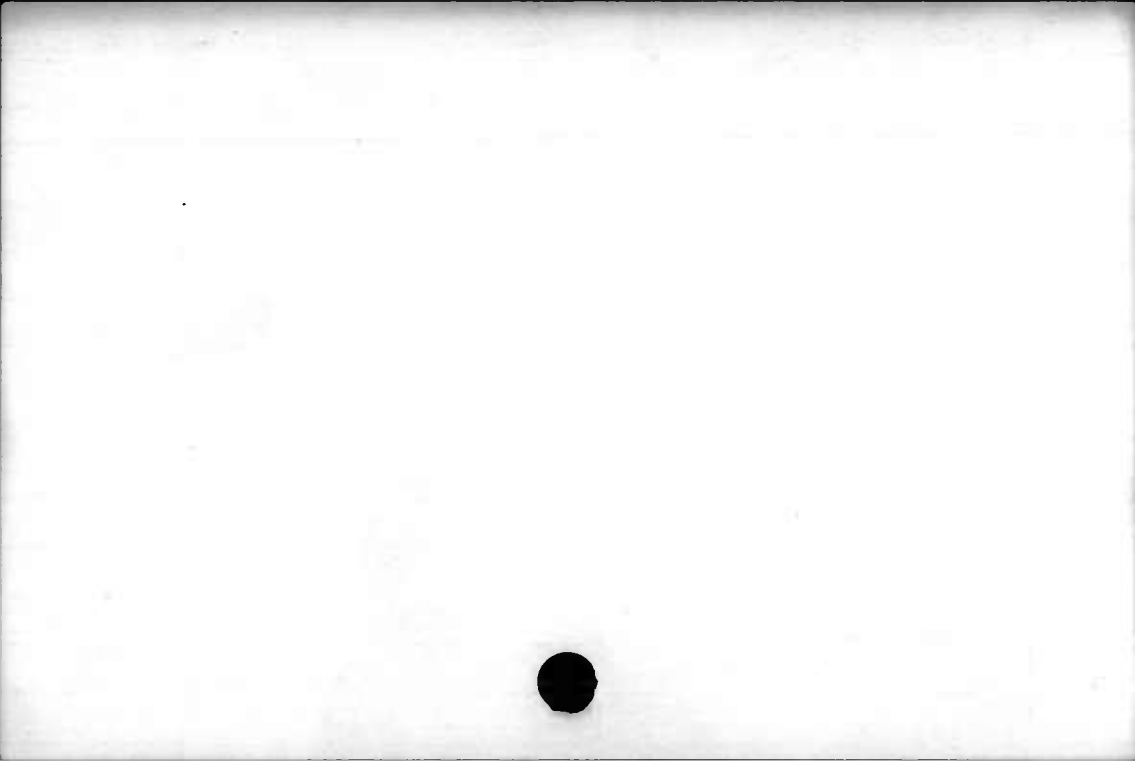
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne's		MARYLAND	
Date of death 190	3	Month Oct	Day 20	Age 58	Years	Months 10	Days
Sex Female	Color or Race White		Birth- place Md.				
Married, Single or Widowed Widow		Occupation Lady					
Name of Wife or Husband John F. Brown							
Father's Name John C. Bryan				Father's Birthplace Md.			
Mother's Maiden Name Sallie E. Bryan				Mother's Birthplace Md.			
Name of person giving Information Sallie K. Steven				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complication Heart + Lungs		How long	2 years
Immediate	Heart Failure		How long	See than an hour
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician J. B. Bordley M.D.	
			Address Centerville, Md.	
Accident or Suicida?				



Name
in
Full

Mary Ann Collier

CERTIFICATE OF DEATH

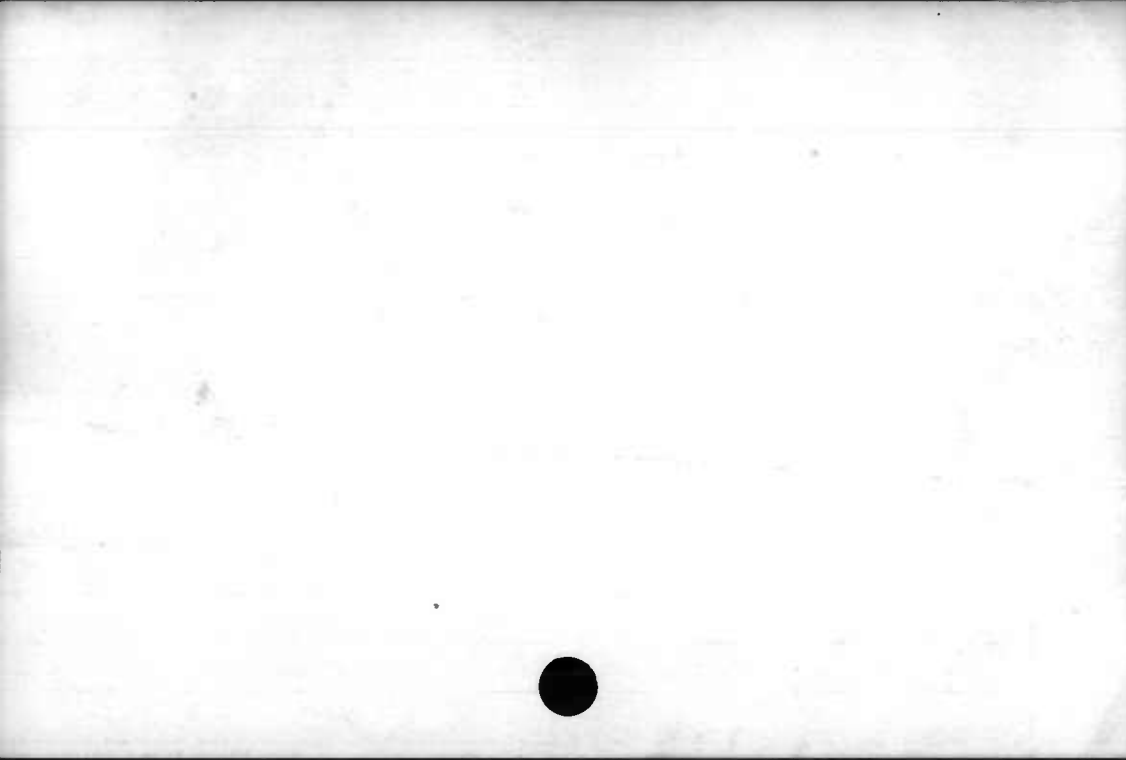
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Queens		MARYLAND	
Date of death 1903		Month 10		Day 19		Age 85	
Sex Female		Color or Race white		Months 10		Days 5	
Married, Single or Widowed		Widow		Occupation none			
Name of Wife or Husband		blondsbery Collier					
Father's Name		Samuel Sewell				Father's Birthplace 154	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information		Charles R. Collier				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Advanced age and debility	How long	
Immediate	Heroinage	How long	1 1/2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas. L. Courney	
Address		act corner	
Accident or Suicide?		Hards Store Md	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

E. Henry Frisby

Died at ^{Town} Near Millington^{County} Queen Anne's

MARYLAND

Date of death 1903 Oct 5th Age 43

Months Days

Sex Male Color or Race Black Birth-place Queen Anne's Co.

Married, Single or Widowed Widowers Occupation Laborer

Name of Wife or Husband

Father's Name Perry Frisby 27

Father's Birthplace

Mother's Maiden Name Matilda Groves

Mother's Birthplace

Name of person giving information Jm L. Frisby How related to deceased Brother

CAUSES OF DEATH

Primary Acute onary Tuberculous 700 Years

Immediate Hemorrhages 2 Weeks

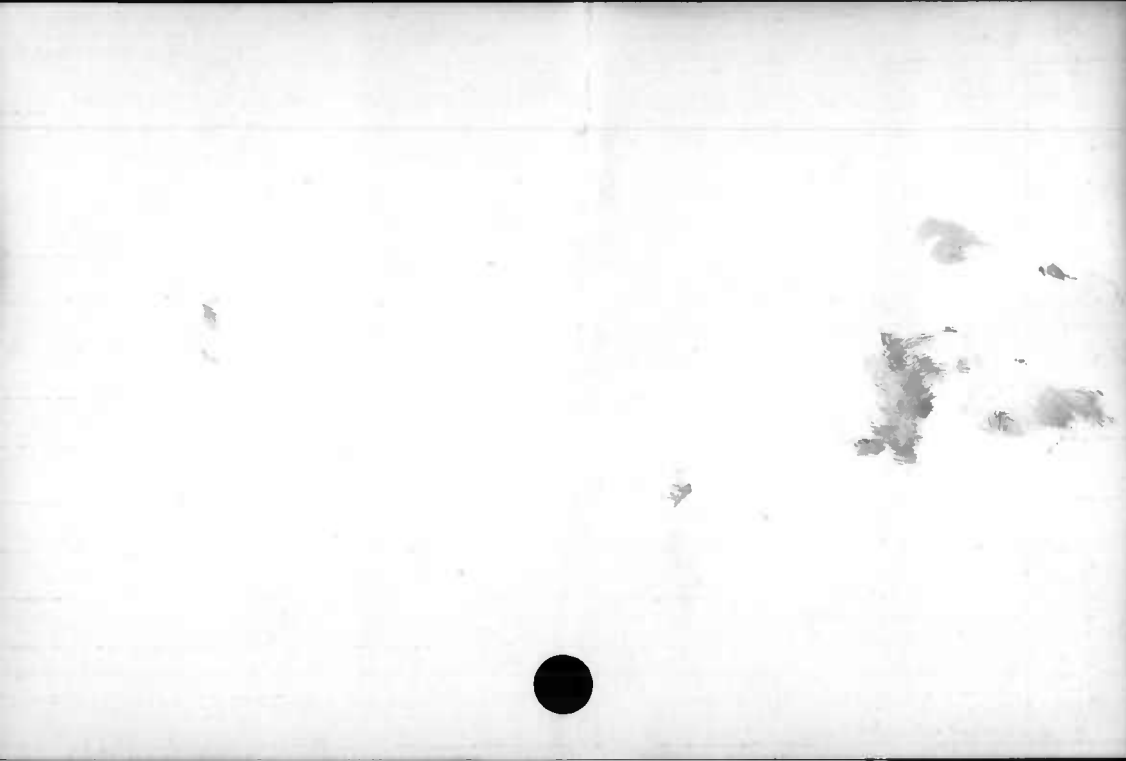
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician L. P. Gorman M.D.

Address Millington Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Philemon B. Hopper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		Oct		14		Age 1	
Sex		Color or Race		Birth-place		Months	
male		white		Centerville, Md.		11	
Married Single or Widowed				Occupation			
Name of Wife or Husband				51			
Father's Name				Father's Birthplace			
Philemon B. Hopper				Md.			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth Neatung				Md.			
Name of person giving information				How related to deceased			
James B. Bradley				not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Organic		5	
Imperfect development from premature birth		One year	
Immediate		How long	
Exhaustion		A few hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Jas. B. Bradley M.D.	
		Address	
		Centerville, Md.	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

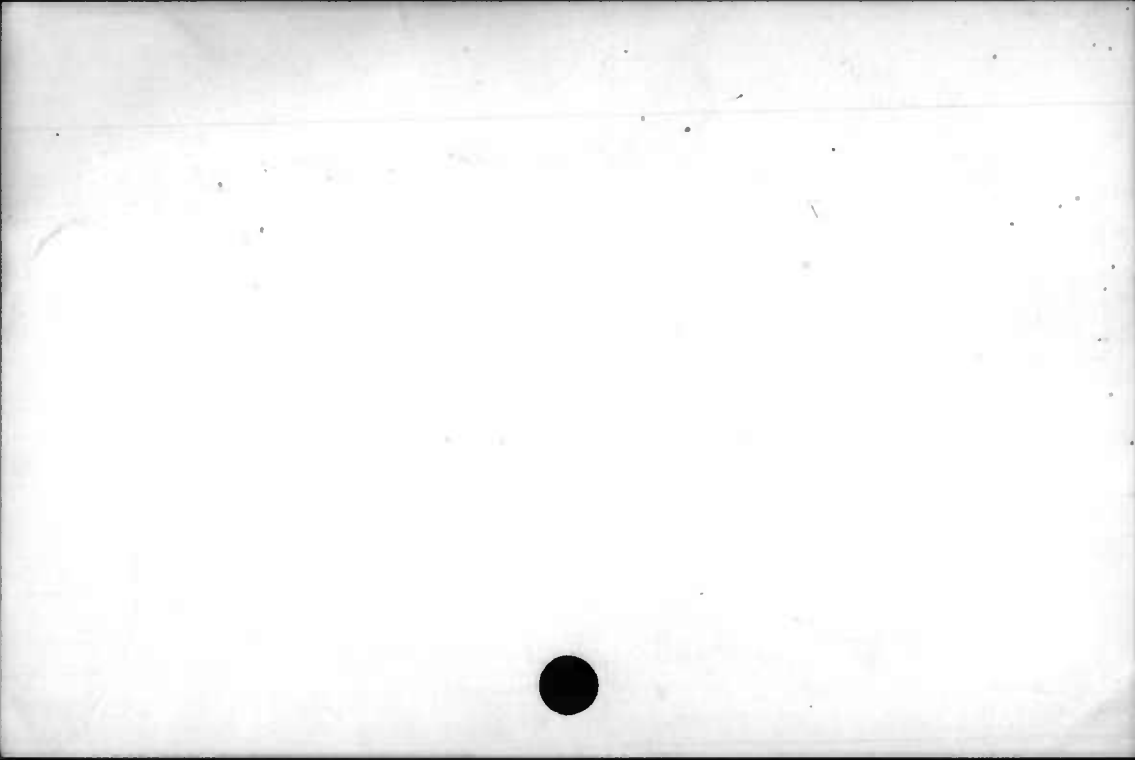
TO BE ANSWERED BY
NEAREST FRIEND

Name Emma Kate Lowry		Town Stevensville		County Green Anne		State MARYLAND	
Died at		Date of death 1903		Month Oct		Day 15	
Age 35		Years 35		Months 1		Days	
Sex Female		Color or Race White		Birth- place Kent Island			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name A. B. Lowry		Father's Birthplace Kent Island					
Mother's Maiden Name Maria Louisa Lowry		Mother's Birthplace Kent Island					
Name of person giving Information A. Lowry		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long 18 mo	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. Percy Kemp	
		Address Stevensville, Md	
Accident or Coincidence?			



Name
in
Full

No name

CERTIFICATE OF DEATH

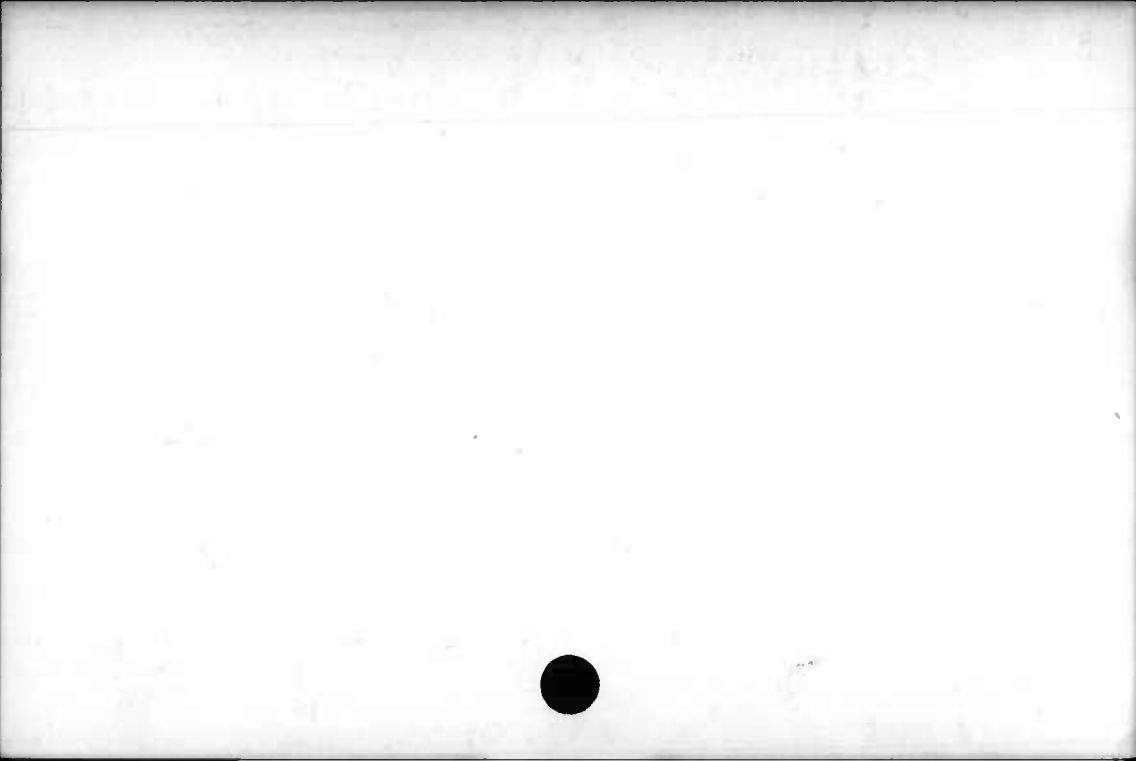
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bucksville</i>		Town <i>Bucksville</i>		County <i>Sumner</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>10</i>	Day <i>7</i>	Age <i>150</i>		Years	Months <i>7</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>near Bucksville</i>			
Occupation <i>housewife</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Ozmon Moor</i>		Father's Birthplace <i>2.A. Mo</i>					
Mother's Maiden Name <i>Phillips</i>		Mother's Birthplace <i>2.A. Mo</i>					
Name of person giving Information <i>Ozmon Moor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not known</i>	How long <i>7 days</i>
Immediate <i>Probably a falling down of the stairs</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Bucksville</i>
Accident or Suicide? <i>no</i>	<i>Mc.</i>



Name
in
Full

William Walter Pinder

CERTIFICATE OF DEATH

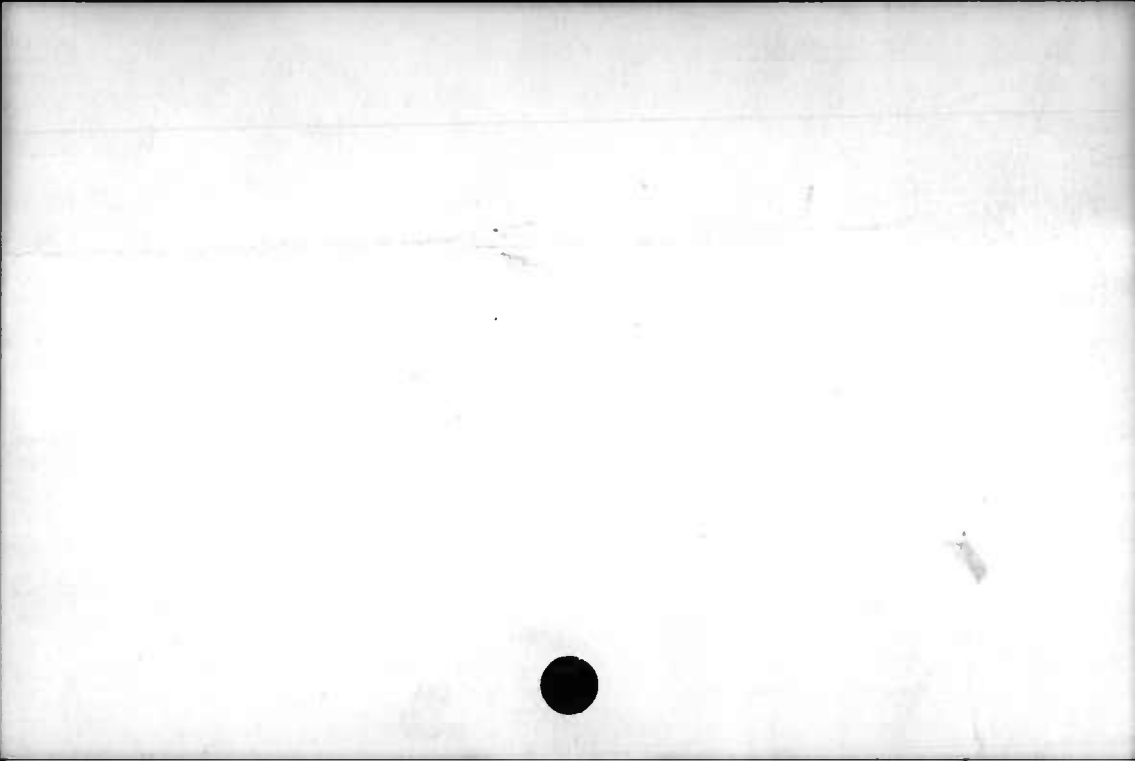
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sudlersville</u> ^{Town}		<u>Queen Anne Co</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	<u>Oct</u> ^{Month}	<u>13</u> ^{Day}	Age <u>0</u> ^{Years}	<u>6</u> ^{Months}	<u>22</u> ^{Days}
Sex <u>Boy</u>	Color or Race <u>White</u>		Birth-place <u>Sudlersville</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Mr John H Pinder</u> ⁵¹			Father's Birthplace <u>Centerville</u>		
Mother's Maiden Name <u>Ellie H Reed</u>			Mother's Birthplace <u>Delaware St</u>		
Name of person giving Information <u>Mrs J H Pinder</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Per development -</u>	How long <u>always</u>
Immediate <u>Marasmus</u>	How long <u>14 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. W. Simmons</u>
	Address <u>Sudlersville</u>
	<u>Md.</u>
Accident or Suicide? <u>---</u>	



Name
in
Full

Marna Reiley

CERTIFICATE OF DEATH

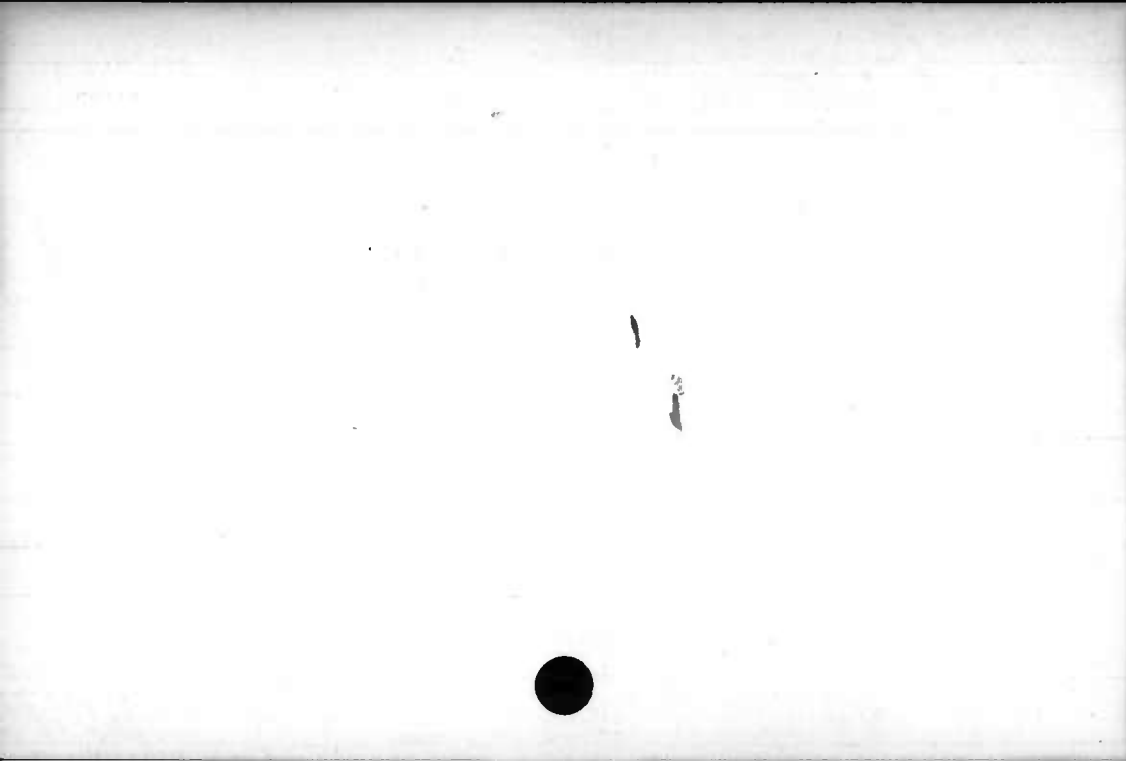
TO BE ANSWERED BY
NEAREST FRIENDDied at Brownsville Maryland County 2.A.

MARYLAND

Date of death 1903 Month 10 Day 25 Age 58 Years Months — Days —Sex Female Color or Race Black Birth-place 2.A. laOccupation Housewife Where Residing if not at place of death SameMarried, Single or Widowed Married Name of Wife or Husband Ratt ReileyFather's Name — Father's Birthplace 27Mother's Maiden Name — Mother's Birthplace —Name of person giving Information Ratt Reiley How related to deceased Husband

CAUSES OF DEATH

Primary Consumption How long 18 monthsImmediate Exhaustion How long —Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. J. J. J.Address BaltimoreAccident or Suicide? No 2.A. laPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Y. M. D.

Native of

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

C. H. Hill

Transcribed

Name
in
Full

Wm R Schuyler

CERTIFICATE OF DEATH

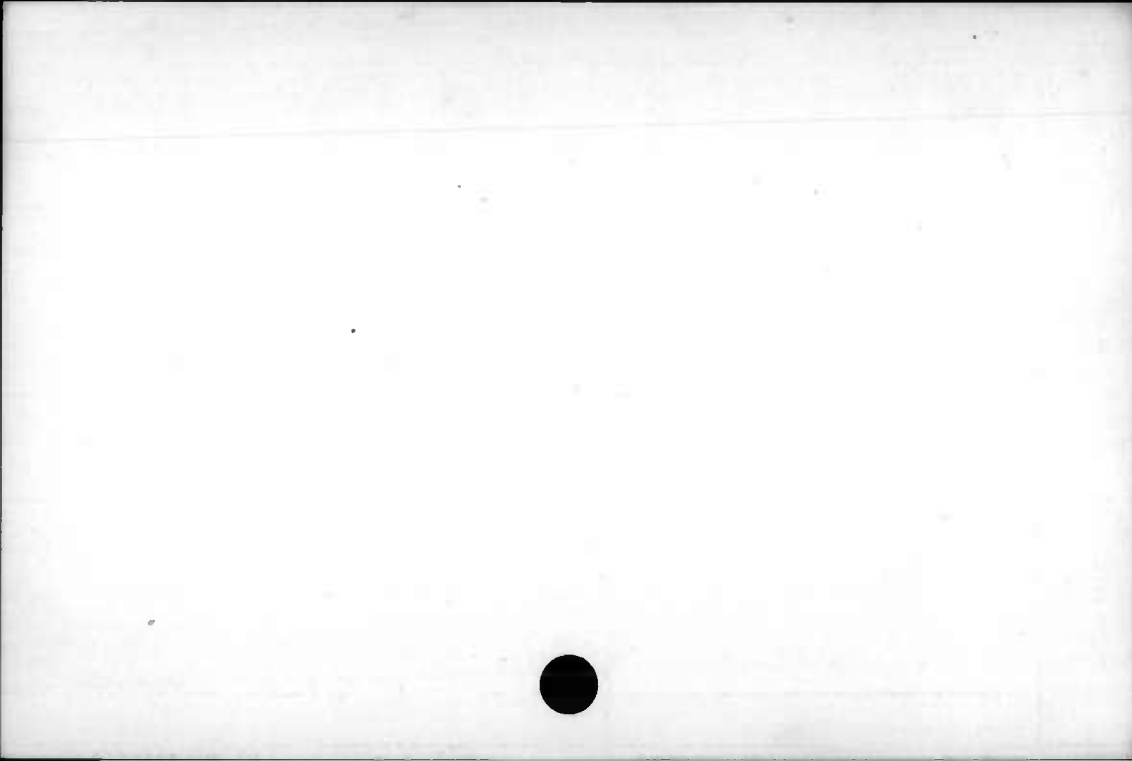
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near 2nd Town</i>		<i>2 a</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Oct</i>	Day <i>1</i>	Age <i>41</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Talbot Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband					
Father's Name <i>Unknown</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wm Schuyler</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>Several weeks</i>
Immediate <i>Tuberculosis of bowels</i>	How long <i>One year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harold B. Hopkins</i>
	Address <i>Greenstown, Md.</i>
Accident or Suicide?	



Name
in
Full

Mary A Shuster

CERTIFICATE OF DEATH

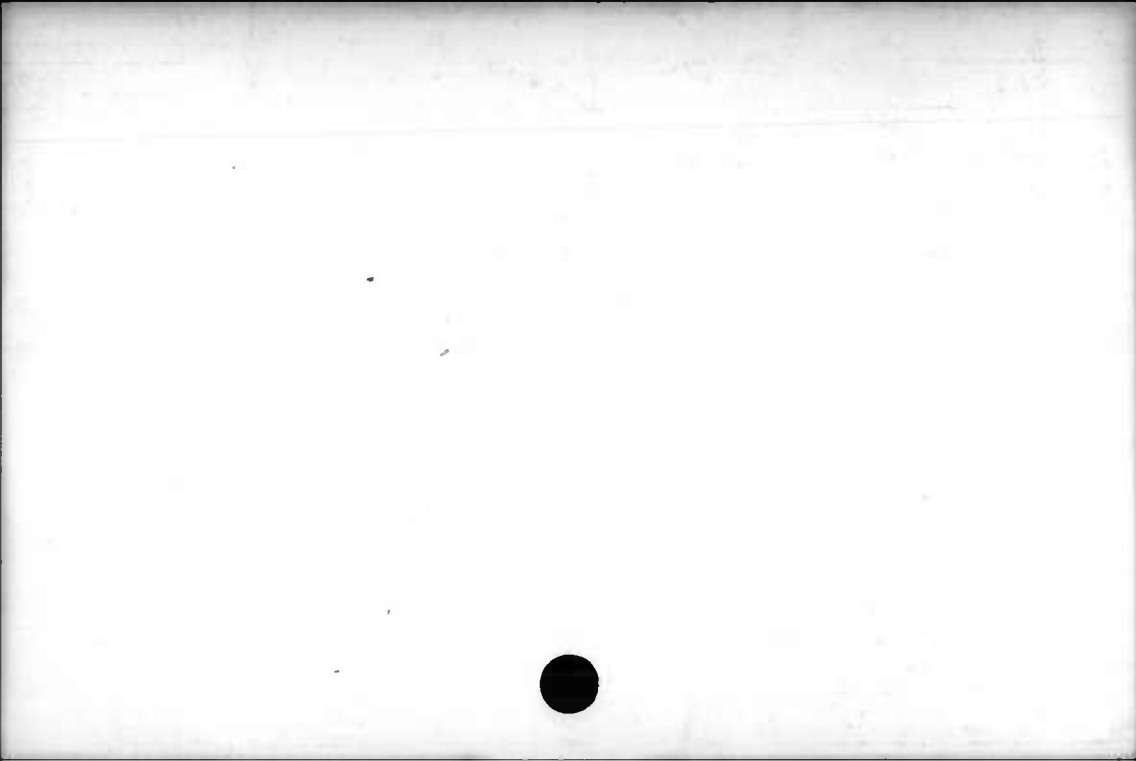
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centerville</u> ^{Town}		<u>Queen Anne</u> ^{County}		MARYLAND	
Date of death <u>1903</u>	Month <u>10</u>	Day <u>23</u>	Age <u>53</u>	Years <u>53</u>	Months <u></u> Days <u></u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Kent Co Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Centerville Md</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Jas A Shuster</u>				
Father's Name <u></u>	Father's Birthplace <u></u>				
Mother's Maiden Name <u></u>	Mother's Birthplace <u></u>				
Name of person giving Information <u>J A Shuster</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Uterine Cancer</u>	How long <u>18 months</u>
Immediate <u>Blood Poison as a result of Cancer</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm H Kraus MD</u>
	Address <u>Centerville</u>
Accident or Suicide? <u>no</u>	<u>Queen Anne Co</u>



Name
in
Full

Anna Rebecca Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruthsburg</i> <small>Town</small>		<i>Lucenanne</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Oct</i> <small>Month</small>	<i>13</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place		
Married, Single or Widowed <i>Single</i>			Occupation <i>House work</i>		
Name of Wife or Husband					
Father's Name <i>Harrison Simpson</i>			Father's Birthplace <i>Moreland</i>		
Mother's Maiden Name <i>Lezzie Deat</i>			Mother's Birthplace <i>Moreland</i>		
Name of person giving information <i>John C Simpson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Several months</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Stachurski</i>
	Address <i>Ruthsburg</i> <i>Lucenanne Co.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Hallie Smith		Town near Bookers whf.		County D. A.		State Co.		MARYLAND	
Died at near Bookers whf.		Month Oct		Day 24		Years 13		Months -	
Date of death 190 3		Month Oct		Day 24		Age 13		Days -	
Sex Female		Color or Race White		Birthplace D. A. Co.					
Married, Single or Widowed Single		Occupation -							
Name of Wife or Husband -									
Father's Name Clarence Smith					Father's Birthplace Kent Co.				
Mother's Maiden Name Hannie McKenney					Mother's Birthplace D. A. Co.				
Name of person giving information S. S. Smith					How related to deceased Uncle				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Diphtheria		How long one week	
Immediate Heart Failure		How long -	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. G. Coffey	
		Address Church Hill	
		Md.	
Accident or Suicide? -			

Good luck

Name in Full *Agnes Sullivan*

Died at *Chesler* ^{Town} *Ia.* ^{County} **MARYLAND**

Date *1903* ^{Month} *Oct* ^{Day} *15* ^{Y.} *3* ^{M.} *Ia* ^{D.} *leo* ^{Native of} ^{Occupation} *—*

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Sing} ~~Widow~~ ^{Widow} ~~Divorced~~ ^{Number of children living} *—*

Husband of *Infant*

Wife of *Infant*

Father's Name *David Wright* Mother's Name *Ellen Moore*

Cause of Death { ^{Primary} *Typhoid Fever* ^{How long sick} *2 weeks*

^{Immediate} *1.* ^{Accident, Suicide, Homicide}

Reported by *W. S. Henry*

Address *Stevensville Md*

